Report on the **Dehcho Sharing Circle** September 10-11, 2013

Fort Liard, Northwest Territories

Northwest Territories Health and Social Services

If you would like this information in another official language, call us.

English

Si vous voulez ces informations en français, contactez-nous.

French

Kīspin ki nitawihtīn ē nīhīyawihk ōma ācimōwin, tipwāsinān.

Cree

TŁĮCHǪ YATI K'ĘĘ. DI WEGODI NEWǪ DÈ, GOTS'O GONEDE.

Tłı̨chǫ

ʔERIHTŁ'ÍS DËNE SÚŁINÉ YATI T'A HUTS'ELKËR
XA BEYÁYATI THEʔĄ ʔAT'E, NUWE TS'ËN YÓŁTI.

Chipewyan

EDI GONDI DEHGÁH GOT'ĮE ZHATĮE K'ĘĘ EDATŁ'ÉH
ENAHDDHĘ NIDE NAXETS'Ę EDAHŁÍ

South Slavey

K'ÁHSHÓ GOT'ĮNE XƏDƏ K'É HEDERI
ʔEDĮHTL'É YERINIWĘ NÍDÉ DÚLE.

North Slavey

Jii gwandak izhii ginjìk vat'atr'ijąhch'uu zhit
yinohthan jì', diits'àt ginohkhìi.

Gwich'in

UVANITTUAQ ILITCHURISUKUPKU INUVIALUKTUN, QUQUAQLUTA.

Inuvialuktun

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Inuktitut

Hapkua titiqqat pijumagupkit Inuinnaqtun, uvaptinnut hivajarlutit.

Inuinnaqtun

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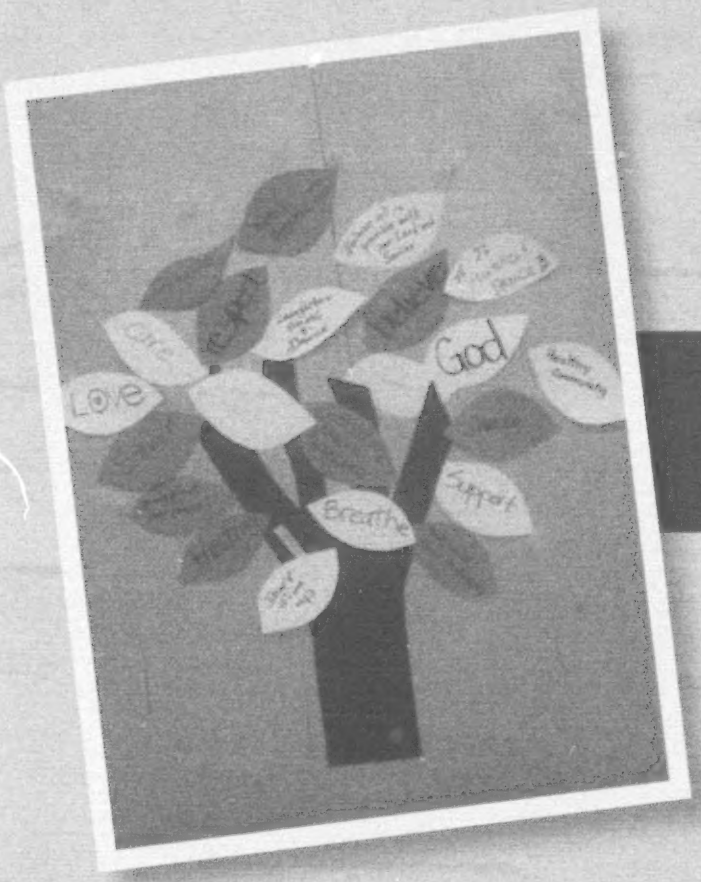


This work has been made possible through funding from the Canadian Partnership Against Cancer (CPAC)

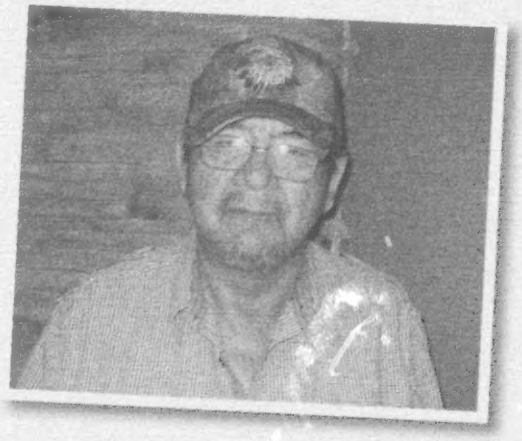
Dedications

This report is dedicated to the people of Fort Liard, Northwest Territories (NWT), and to those in the Dehcho Region whose lives have been affected by cancer, who graciously welcomed us into their community, encouraged us to laugh, and fed us good food. As one participant noted, "We need to get over the embarrassment of talking about our bodies. We need to encourage people to talk and share. It is important to reach out and help each other."

Acknowledgements

The Government of the Northwest Territories (GNWT) would like to thank the cancer sharing circle participants for sharing their thoughts and personal stories about cancer. We would especially like to thank Joanne Deneron and Charlie Furlong for their help with the sharing circle. Joanne and Charlie provided advice and coordination, encouraged participation, shared their personal stories, and helped with facilitation. We would also like to thank: the Dehcho Health and Social Services Authority staff, for their help with coordination and facilitation; Eva Hope, for interpreting services; and Sandy Auchterlonie of the NWT Breast Health/Breast Cancer Action Group, for her facilitation assistance, note taking, and help drafting this report. Finally, we would like to thank the Saint Elizabeth First Nations, Inuit, and Métis Program, who held sharing sessions in the NWT in 2012.

A special thanks goes to Elder Gabe Hardisty for his leadership as well as his willingness to share his personal cancer journey and knowledge of traditional medicine and spirituality.



Introduction

The Dehcho Cancer Sharing Circle was held in Fort Liard on September 10-11, 2013 at the Fort Liard Community Hall. The cancer sharing circle was modeled after similar sharing circles held in Fort Good Hope and Fort Resolution in June and August 2012, respectively. It included small group brainstorming, fun energizers, a presentation on cancer, and round table discussions and sharing.

The Dehcho Cancer Sharing Circle had several objectives:

- To exchange cancer knowledge and experiences.
- To enhance the understanding of cancer and the cancer journey.
- To identify challenges along the cancer journey, and explore possible solutions.
- To explore what helps the community be strong, resilient, and healthy.
- To identify action points and share them with the GNWT Department of Health and Social Services, the Dehcho Health and Social Services Authority, and other partners.

Health professionals, leaders, elders, cancer survivors, family members, and other interested people from the Dehcho communities of Fort Liard, Jean Marie River, Trout Lake, Fort Simpson, and Wrigley attended the two-day cancer sharing circle. Participation ranged from 16 to 30 individuals. The Dehcho Cancer Sharing Circle agenda is included in Appendix A.

Dehcho Cancer Sharing Circle

Boyd Clark welcomed visiting participants to Fort Liard on behalf of Chief Deneron and the Acho Dene Koe First Nation.

Leslie Bader of the GNWT Department of Health and Social Services also welcomed participants and briefly described the agenda and approach for the two-day sharing session.

Dr. André Corriveau, Chief Public Health Officer of the NWT, thanked participants for coming to the Dehcho Cancer Sharing Circle. Dr. Corriveau spoke about why the GNWT had organized a cancer sharing session in the Dehcho. Cancer is a growing concern in the NWT and in 2012, Minister of Health and Social Services Tom Beaulieu directed that an NWT Cancer Strategy be developed. Dr. Corriveau introduced Charlie Furlong, a cancer survivor from Aklavik helping with the sharing circle, and encouraged all participants to share information and perspectives.

Participant Sharing

Participants shared personal stories about cancer and their cancer journeys. Some people spoke of the importance of a holistic approach to cancer treatment and the need to heal physically, mentally, emotionally, and spiritually. Others talked about traditional medicines and believing in the power of these medicines, as well as the power of the mind to heal, especially if one remains positive and hopeful. People noted that it is very important to have the love and support of your family and community, but it is also important to be strong and help yourself.

> ***"I have come to a realization that I am an individual, and unique. Cancer touches all parts of our being: the physical, the emotional, the spiritual, and the mental. You need to heal holistically as well. It is important to be in balance and work on what is going on in your body.***
>
> ***You have to decide that you are going to beat it, but you need support from loved ones.***
>
> ***It is important for peop'e to talk about their journey.***
>
> ***You can cure yourself. You need to be strong and believe that spiritual people can help."***

Dehcho Cancer Sharing Circle

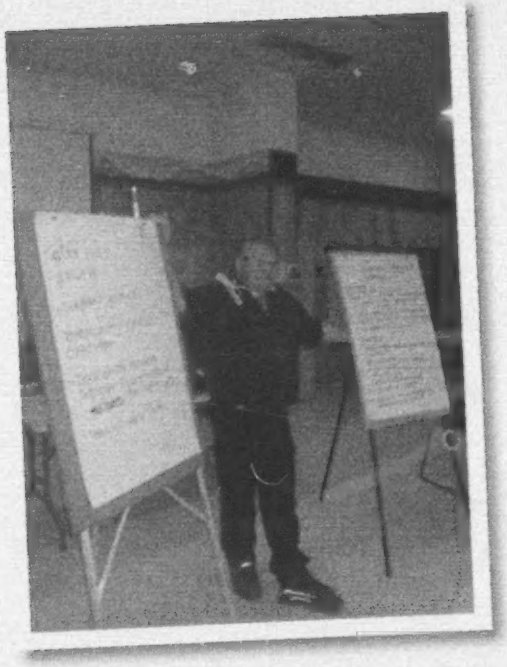
Some participants talked about the impact of cancer on themselves, their families, and their communities, as well as the worry and stress that cancer causes. Cancer affects not only the patient, but also loved ones who provide care and support. A health care provider spoke about caring for people with cancer from her community and how stressful that can be, especially if a patient refuses treatment. Cancer can be especially hard on residential school survivors who still carry that trauma and believe that "alcohol masks the pain." Cancer patients can become isolated either because people think that cancer is contagious or they do not know how to interact with someone with cancer.

Many participants expressed concern about environmental contamination and its possible link to cancer, the safety of food sold in stores, the impact of changing lifestyles, and the mixed messages they hear about cancer. Years ago, cancer was not the issue it is today: lifestyles have changed and people are not as active as they once were. They breathe differently, not deeply, and they eat more processed foods.

People stressed the importance of listening to your body, learning about cancer, and participating in cancer screening programs. A health care provider expressed frustration because too many people fail to present for appointments and cancer screening.

> *"I was diagnosed with cancer in 1997. I arrived in Yellowknife and took a taxi to the hospital. I told the taxi driver about my cancer. He said, 'Don't worry, just live your life as you have been living. Your mind is stronger than you think and you can cure yourself.' I went to a spiritual person and sat with him. He told me that when you believe in something it helps. There is a lot of medicine on the land we can use to heal ourselves: spruce gum, caribou bones, and marrow.*
>
> *I have lots of friends, but when I was diagnosed I did not have a lot of visitors. I had no one to talk to and nowhere to get information. We need to raise awareness that cancer is not contagious.*
>
> *We eat fish from the river. Now we see fish with sores, spots on livers.*
>
> *Is it safe for us to eat our traditional foods anymore?*
>
> *We need to get people invested in their health. We need to get people over the awkwardness of some tests, and encourage people to take advantage of the medical services we have."*

Participant Expectations of the Sharing Circle

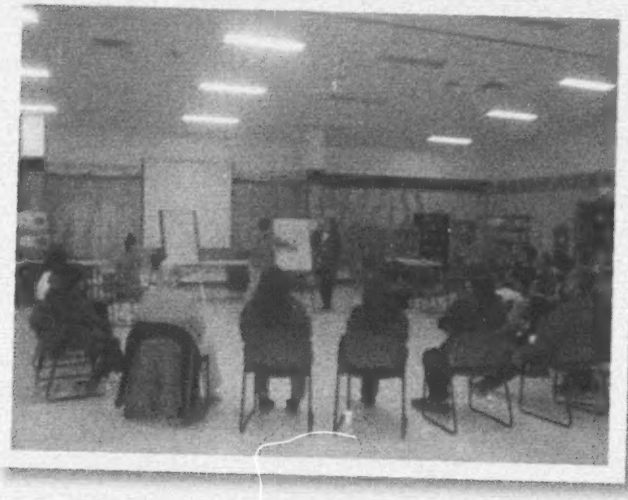


Participants voiced their expectations for the sharing circle and the knowledge they wished to gain. A number of people wanted clarification on the mixed messages they hear about cancer: *What is a healthy diet? What does healthy living mean? What foods should we avoid? What foods should a cancer survivor eat? Is it safe to eat food from the land and food from the store?*

Participants agreed that it is hard to change lifestyles and eating habits.

Participants also wanted information on the causes of cancer and what people can do to reduce their chances of developing cancer.

One participant wondered if cancer is inherited.



Other expectations included: receiving more information on early detection and screening; learning how individuals, families and communities can be encouraged to talk about cancer *(In my work I don't know if a person has cancer unless they tell me)*; and learning more about support for cancer survivors and families, and how community people and care providers can help.

Cancer in the NWT and Dehcho Region

Dr. André Corriveau presented information on cancer in the NWT and the Dehcho Region. The following is a summary of his presentation.

- There are typically four stages of cancer. The stage during which a person is diagnosed will make a difference in his or her treatment: the earlier cancer is found, the easier it is to cure. That is why screening is important. In the NWT, 40% of breast cancer is diagnosed in Stage 1; 60% of prostate cancer is diagnosed in Stage 2; 50% of colorectal cancer is diagnosed in Stage 3; and 40% of lung cancer is diagnosed in Stage 4.
- Cancer accounts for 30% of all deaths among women and 22% of deaths among men. The percentage of men is lower because men have a higher risk of dying from other injuries or accidents that tend to occur at a younger age. In the NWT, the number of cancer-related deaths is decreasing, but the number of new cases of cancer is increasing. This means that we are getting better at diagnosing cancer at an earlier stage. As the population ages, we can expect to continue to see more cases of cancer.
- The incidence of lung and colorectal cancers is higher in the NWT compared to the rest of Canada. In the Dehcho, colorectal and lung cancers are the most common types of cancer. Cancer mortality in the NWT is highest among Inuit/Inuvialuit people.
- There are a number of risk factors associated with cancer.

Common Cancer Risk Factors

Individual	Lifestyle	Environment
Gender	Smoking/Second-hand Smoke	Chemicals
Ethnicity	Unhealthy Diet	Metals
Age	Excess Weight	Radiation
Genetics	Low Physical Activity	
	Alcohol Consumption (Binge Drinking)	
	Other risky behaviour	

- Everyone is at risk of developing cancer, but men and women have a higher risk if they are 50 years of age or older, are overweight, smoke, are not physically active, have high alcohol intake, and/or have close family members who have had cancer.
- Good tips for everyone are: know your family history, go for regular check-ups and cancer screening, talk to your health care provider about health concerns and screening options, and encourage your loved ones and family members to do the same.

Cancer Questions and Answers

Question: If some cancers are preventable why aren't we promoting healthy living?

Answer: We are here to listen and learn from the public on how we can do a better job of informing people about cancer risk factors.

Question: I heard on TV that they are getting close to a cure for lung cancer. Is this true?

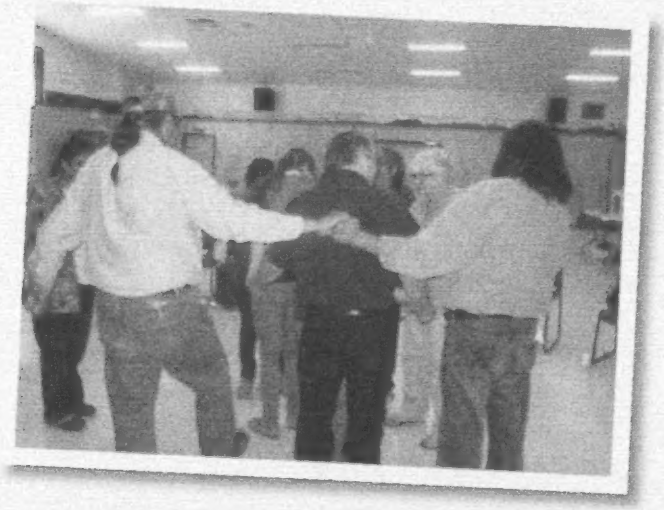
Answer: There has been a lot of research into curing and screening for lung cancer, but these efforts are still in the research stage. Currently, some early stage lung cancers are curable through surgery, but most lung cancer can only be slowed down through chemotherapy and other treatments, allowing the patient to live longer. We need to remember that lung cancer is very preventable: tobacco smoking accounts for up to 85% of all cases of lung cancer, not only in the NWT but all around the world.

Question: How do you know which screening tests you need?

Answer: In the NWT, we have screening tests for colorectal, cervical, and breast cancers. Talk to your health care provider about what screening tests you are eligible for. Screening tests can help to detect cancer before you start to feel sick, and it is important to listen to your body. Traditional medicines are also important because they help to protect your body from illness. These medicines are usually specific to different regions.

Question: More people are getting cancer. Do you know why?

Answer: Yes, it is true that more people are getting cancer. Age is one factor: people are living longer, and their risk of cancer increases as they get older. Lifestyle is another big factor. Other diseases like diabetes will make cancer cells grow faster. Also, screening tests are getting better. Cancers that we may not have been able to detect in the past are diagnosable at earlier stages today. We are trying to focus on how to lower our cancer rate, and we know that we will never eliminate cancer, but by helping people change their lifestyles and participate more regularly in screening programs, we could reduce the incidence and mortality rates of most cancers.



Cancer Questions and Answers

Question: I have read that the second time a person gets cancer, it is more deadly. Is this true?

Answer: Cancer travels through the blood and can show up in other parts of the body. Sometimes a person can get cancer a second time because the cancer has come back and spread throughout the body. When the cancer has spread, it is harder to treat, and could be more likely to cause death. However, if it is a different type of cancer, then the chance of survival is not changed and will depend primarily on the stage at which this new cancer was diagnosed. Every person's cancer journey is unique and in some cases, the second time they are diagnosed the challenge may be greater. In other cases, it may be easier.

Question: What about sugar and its relationship with cancer?

Answer: Sugar itself does not affect cancer. However, some research shows that there may be a link between diabetes and cancer. A person with diabetes cannot properly use the sugar they eat. Eating a healthful diet, maintaining an appropriate weight, and having a physical activity program will help reduce the risk of both diabetes and cancer.

Question: Does sugar contribute to the growth of cancer cells?

Answer: Only through diabetes. Although it may not be a direct cause of cancer, it seems to make cancer grow faster.

Question: What are carcinogens, and does deep-frying create carcinogens?

Answer: Carcinogens means things that cause cancer. Yes, frying at a high temperature causes the formation of some carcinogens in food. This does not mean, however, that if you eat fried foods, especially in moderation, that you are going to get cancer. Moderation is the key.

Question: Do microwaves cause cancer?

Answer: Microwaves produce minimal radiation and are very safe.

Question: What about using lard for bannock and for frying meat?

Answer: Lard may promote cholesterol build-up, which is not good for your heart. However, you may still enjoy this once in a while. Deep frying should not be the regular way to cook; drying and boiling (e.g. stewing) meat is much better.

Question: Does junk food cause cancer?

Answer: Junk foods are probably not a cause of cancer, but these foods do not have the good nutrition your body needs to protect against or help your body fight cancer.

Question: It is hard for Aboriginal people to eat vegetables and fruit because we were not raised eating these foods. What about our traditional diet—does it provide the nutrients we need?

Answer: The benefits of a traditional diet come not only from eating fish and the meat of an animal, but also the organs, fat, bone marrow, and so on, which are rich in nutrition. We believe that traditional diets help to protect people from cancer by promoting cultural, physical, spiritual, and community health. For people who no longer eat in a traditional way, they must eat vegetables and fruits to make up for what is missing, as these also contain many essential vitamins and minerals.

Question: What about smoking; how can we help people quit?

Answer: Nicotine is one of the hardest drug addictions to kick. We have good medications to help you quit smoking, and you can speak to your health care provider about what options may work best for you.

Question: How much alcohol is safe?

Answer: Research indicates that it is probably safe for non-pregnant women to have up to one drink per day, and for men to have up to two drinks. After that, the risks associated with cancer start to go up. Heavy drinking–that is, five or more drinks at one time–is not good. Also, because alcohol fills you up, people who drink a lot usually do not eat well. The cancer risk is also increased because of a poor diet.

The Cancer Journey:
Challenges and Solutions/Opportunities

Participants formed four small groups to discuss challenges and possible solutions or opportunities associated with the cancer journey. Please see Appendix B on page 22 for definitions of terms that describe the cancer pathway.

Prevention	
Challenges	**Possible Solutions/Opportunities**
• People are eating more processed foods and not enough vegetables, and either choose not to eat food from the land, or do not have access to these foods • People are not physically active enough • Youth begin drinking and using drugs at a young age as a result of peer pressure and do not listen to their parents' advice not to drink • Most adults and youth smoke regularly	• Community hunts and food sharing • Community gardens • Teach youth and adults how to store and cook foods • Encourage breast feeding • More traditional activities and time on the land (eg. wood hauling, berry picking, drum dances, tea dances, hand games) • Organized exercise groups • Fun family activities • More activities for youth to divert them from high risk behaviour such as smoking and binge drinking • Establish parent support groups and teach parents to effectively communicate with youth • More information on the dangers of smoking • Adult and youth anti-smoking programs • Raise awareness of the financial rewards of not smoking

> ***"We need to get back to a happy medium between the traditional and modern worlds and lifestyles."***

Early Detection/Screening

Challenges	Possible Solutions/Opportunities
• Misinformation and unfounded fears about cancer and/or cancer screening • Engaging the community and getting buy-in for cancer screening and keeping appointments, especially if travel outside the community is required • Turnover in health care positions and a lack of continuity of care, and a general mistrust of the medical system	• Information (posters, notification letters, etc.) targeted at specific groups • Mobile screening • Overnight trips for screening • Rewards for respecting appointments

> ***The word cancer is very scary and some people still think that it is a death sentence.***
>
> ***We need to pay attention to what our bodies are telling us.***

Diagnosis and Treatment

Challenges	Possible Solutions/Opportunities
• People have late-stage diagnoses because they do not go for screening; do not recognize or know how to describe their symptoms; and/or health care providers do not recognize patient symptoms • Other illnesses and addictions (eg. diabetes, alcohol, and tobacco) can affect symptoms, diagnoses, and the care patients receive • Turnover of health care providers hinders the continuity of care and health care provider-patient relations • Language barriers ◦ Poor translation/interpretation	• Clarify language around cancer to make it easier to understand • Use trained translators who can speak in different community dialects • Ongoing medical terminology training, with images of the body and organs to help patients and health care providers communicate • Teach about the use of traditional medicine and encourage people to adopt traditional lifestyles and self-care practices • Raise awareness of how traditional medicines and healthy lifestyles work together

The Cancer Journey: *Challenges and Solutions/Opportunities*

Diagnosis and Treatment	
Challenges	**Possible Solutions/Opportunities**
◦ Difficulty understanding medical terminology or cancer treatments such as chemotherapy, radiation, or hormone therapy • Absence of holistic treatments (eg. emotional, physical, and spiritual healing) • Stress associated with: ◦ Telling family members and others about a diagnosis ◦ Coping with a diagnosis ◦ Not telling anyone • Limited support for families, caregivers, and patients ◦ No escorts ◦ No accommodation for family members ◦ Financial burden • Not knowing where to go for help • Absence of patient navigators • Absence of specialized services in communities limits discharge follow-up and after care and leads to poor coordination of care • Traditional healing is not integrated into medical system • Poor understanding of the use of traditional medicine	• Provide cross-cultural training for health care providers in the NWT and Alberta • Improve coordination of care • Use telehealth to deliver diagnoses so that the patient's family can be present • Paid escorts who know the cancer system who can travel with patients • Allow an escort or partner to travel with the cancer patient • Train cancer patients and their families to be advocates • Expand boarding homes to accommodate families or put medical rates in place at hotels • Involve everyone (patient, family, and community) in the cancer journey • Establish local and territorial support groups with toll-free numbers to support caregivers • Establish community cancer committee

Discharge, Survivorship, Palliative Care	
Challenges	**Possible Solutions/Opportunities**

• No aftercare in communities
• Poor communication between patients and hospitals
• Isolation and loneliness
  ◦ People do not visit, thinking cancer is contagious
  ◦ Expensive travel fares for families
• Patients live in fear of cancer reoccurrence
• Difficulty changing unhealthy lifestyle habits
• Weak immune system means patients are susceptible to germs
• No palliative care training
• People want to die at home or close to home, but sometimes the home is too noisy
	• Raise awareness that cancer is not contagious, and that the patient is susceptible to germs and colds, so precautions must be taken to protect the patient
	• Patient-health care provider meetings to discuss treatment effectiveness and possibility of reoccurrence, potential side effects of treatment, and where to find information
	• Community health representative training to support patients in healthy living after cancer
	• Aftercare programs for patients and families to heal holistically (emotionally, mentally, spiritually, and physically)
	• More palliative care training and close communication and respect between patient, family, and health care providers
	• Community conversations with youth and other community members about death and respect

"I had to question the life I live. So much of our lifestyles today are adopted from other cultures. But I am a Dene person.

We have medicine we take from the land.
There is power in spruce gum.

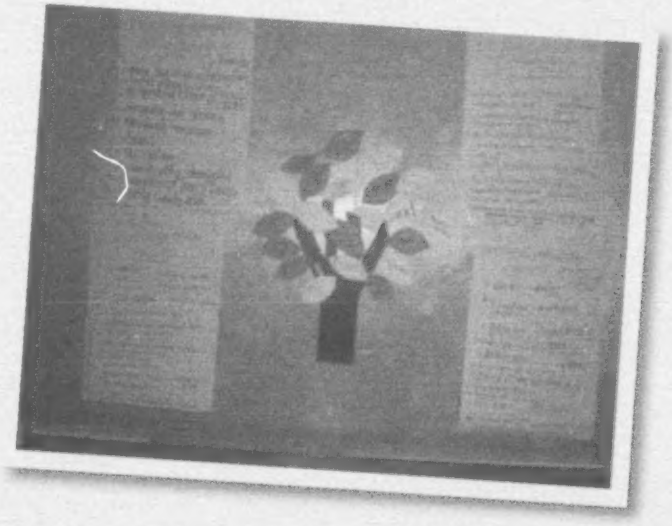
Cancer leaves a permanent mark on you."

What Makes a Healthy Community?

Participants formed small groups to brainstorm about what makes a healthy community according to the four aspects of wellbeing: emotional, mental, physical, and spiritual.

Emotional

- Build on community strengths and build strong family units
- Encourage people to show emotions
- Encourage laughter, love, and hugs
- Respect and be more accepting of each other
- Share our stories, build trust, and have more traditional and family activities



Mental

- Build an addictions-free community of people who care: elders, children, youth, and adults. People will be positive-thinking and empowered, and will know that change is possible.
- Make it safe to cry when you need to cry, laugh when you need to laugh, grieve as a community, and help each other whenever help is needed.
- Connect with the land: the river, the beauty of the land
- Hold healthy activities in the community and on the land
- Have more traditional foods available, and more community feasts with healthy food

Physical

- Have traditional activities and games, for example:
  - Preparing moose/caribou hides
  - Fishing
  - Drum dances and traditional hand games
- Hold group exercise activities and fun fitness competitions between communities
- Hold healthy family and community gatherings with games and other activities to celebrate special days such as Aboriginal Day, Canada Day, or Christmas

Spiritual

- Help people connect to the land and sacred places on the land
- Follow traditional prayers and practices (e.g. feeding the fire) and beliefs (e.g. the spirit never dies, but comes back)
- Use and believe in traditional healers and medicines
- Connect to our ancestors and our elders
- Encourage people to listen to their inner voice and make the connection between dreams and the spiritual world

What Makes a Healthy Community?

"We need to constantly hear from the survivors that cancer does not mean death. You can survive.

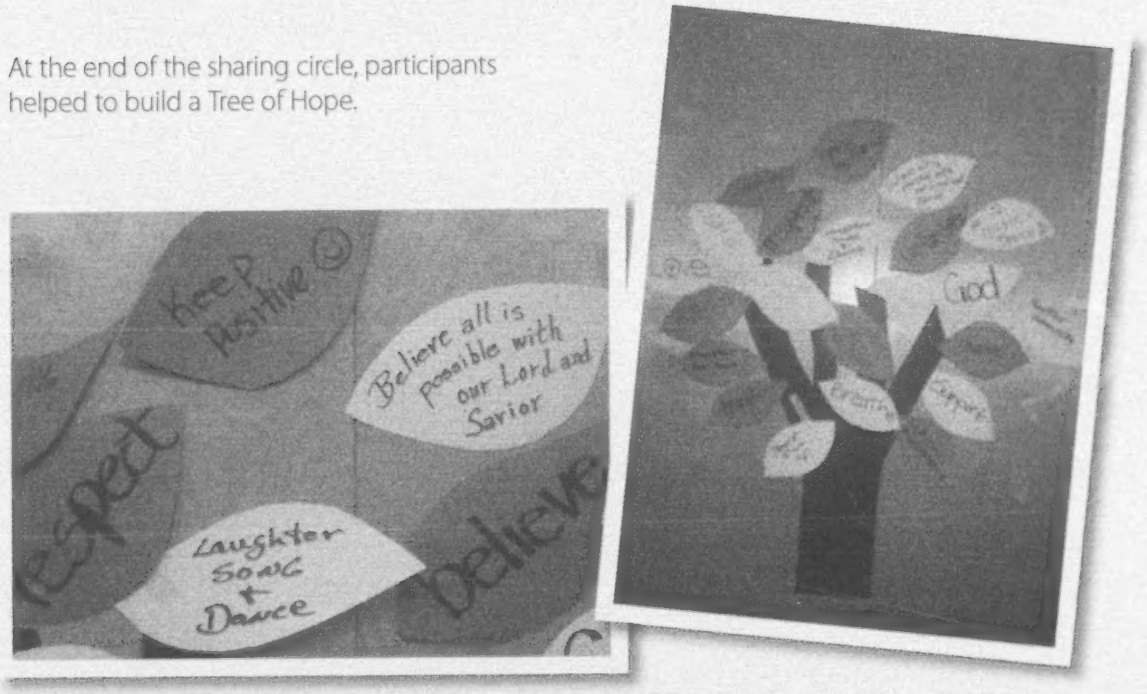
It takes a whole community to care for someone with cancer.

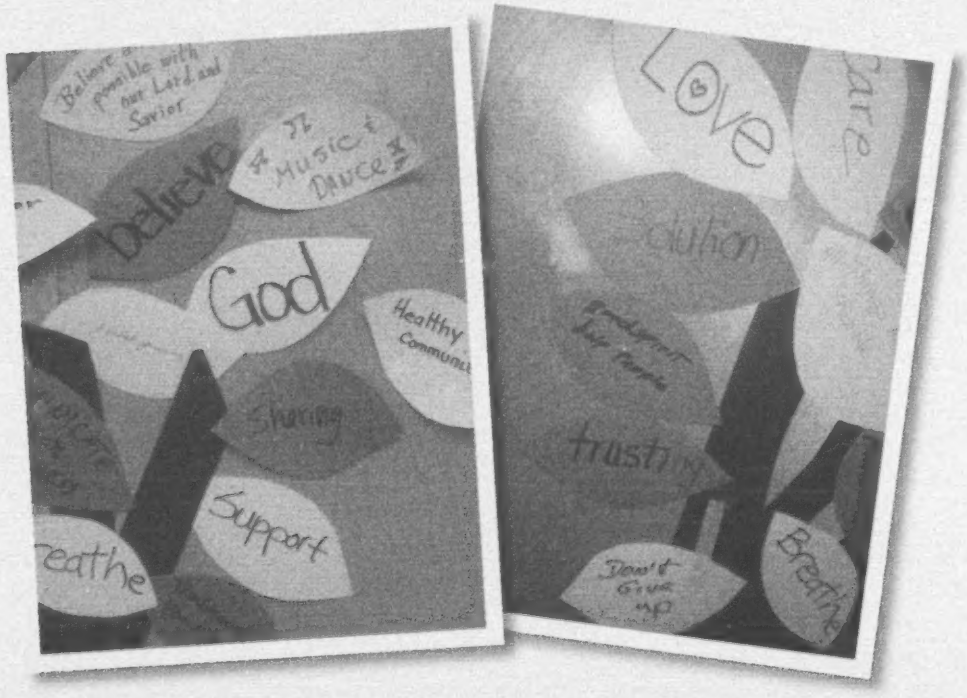
Sharing helps us to survive.

Cancer is nothing to be ashamed of. It is not your fault."

The Tree of Hope

At the end of the sharing circle, participants helped to build a Tree of Hope.





Dehcho Cancer Sharing Circle:
Central Themes

Dehcho Cancer Sharing Circle participants identified various needs, opportunities, and solutions with regard to cancer.

Information

Information is needed on healthy living and how a healthy lifestyle can reduce the risks associated with cancer. Such information includes:

- How people can lower their risk of getting cancer
- What is good nutrition and how to eat a healthy diet
- The links between binge drinking and cancer, and smoking and cancer
- The safety of food from the land, and contaminants that are linked to cancer
- Why physical activity is important

There is also need for basic information on:

- Dispelling cancer myths (e.g. the myth that cancer is contagious)
- The link between diabetes and the growth of cancer cells
- Common cancers and symptoms to watch for
- Why screening and early detection is important
- The stages of cancer
- Types of cancer treatment and side effects
- Understanding a cancer diagnosis
- Positive stories of cancer survivorship
- Discharge care
- How to talk to loved ones about cancer

Dehcho Cancer Sharing Circle: *Central Themes*

Communication

- Cancer information needs to be presented in clear, easy-to-understand language, in English and in community dialects
- Explore and use effective ways of communicating important cancer information and messages (eg. audio, visual, pictures, electronic, and face-to-face)
- Facilitate open communication between patients and their families and health care providers during all stages of the cancer journey, in English and in community dialects
- Use trained interpreters and provide ongoing medical terminology training in the dialect of the community

Holistic Approaches

- Incorporate holistic approaches and supports that respond to the physical, mental, emotional, and spiritual needs of patients and their families throughout the entire cancer journey to enable patients and their families to heal in a holistic way

Support for Patients and Their Families

Support patients and their families during their cancer journey through:

- Information on how to talk to and/or care for a patient, and what to expect with different treatments
- Referrals to resources and support services in the community and in larger centres
- Trained escorts who can navigate the system
- Aftercare plans for patients and caregivers
- More training in palliative care for community health care providers

Traditional Medicine

Raise awareness and teach patients and others about traditional medicines and how to respect and use them, for example:

- How traditional medicines can complement Western medicine
- Traditional medicines should not be sold
- How to harvest and use them
- You have to believe in their ability to heal
- Different traditional healers have specialties, much like conventional doctors, and all need to lead a healthy lifestyle
- Patients must live a healthy life when taking traditional medicines
- It is important to know your diagnosis and how you are being treated with Western medicines

Healthy Communities

Encourage and support community members to use traditional approaches and engage in traditional activities, for example:

- Harvest and eat more food from the land, and share food from the land
- Engage in traditional activities including hauling wood, tanning hides, and games such as hand games, tea dances, and drum dances
- Teach people about traditional approaches to spirituality, sharing and caring
- Follow traditional self-care practices

Appendix A: *Sharing Circle Agenda*

BELIEVE IN OUR HEALING JOURNEY:
Dehcho Cancer Sharing Circle - Fort Liard, NT, September 10th and 11th 2013

Tuesday, September 10, 2013

9:00	Opening Prayer
9:15	Community Leader
9:30	Purpose of Gathering and Facilitator Introductions
9:45	Participant Introductions
10:00	Participant Expectations and Sharing Stories
10:30-10:45	Break
10:45-12	Continue Sharing in Circle
12-1:30	Lunch
1:30-2:45	Dr. Corriveau presents PowerPoint on Cancer in the NWT, then Question and Answers
2:45-3:00	Break
3:00-4:00	Challenges in the Cancer Journey (4 small groups with breakout groups with flip chart) 1. Prevention 2. Early Detection and Screening 3. Diagnosis/Treatment 4. Discharge Care/Survivorship and Palliative Care
4-4:30	Reflect on day in large group and wrap up

Wednesday, September 11, 2013

9:00	Opening prayer
9:15	Facilitator welcome and 'Wellness Dance' energizer
9:30-10:30	Small groups present challenges; large group offers solutions
10:30-10:45	Break
10:45-12:00	Small groups present challenges; large group offers solutions
12-1	Lunch
1:00-1:30	DVD: Breast Cancer: Northern Women Share Their Journeys (Sandy Auchterlonie)
1:30-1:45	Open discussion
1:45-2:45	Small groups: What makes a community healthy? 1. Physical 2. Mental 3. Emotional 4. Spiritual
2:45-3:00	Break
3:00-3:30	Create a Community Tree of Hope
3:30-4:15	Wrap-up: how information will be shared, shared reflections in large group

Appendix B: *Definition of Terms Used to Describe the Cancer Pathway*

Prevention: The chance of developing cancer (and many other chronic diseases) is reduced with a healthy lifestyle.

(Source: Cancer Care Ontario *Let's take a stand against...Colorectal Cancer!* Reference Manual)

Screening: Screening is testing for a disease such as cancer in a person who does not have symptoms of the condition. Screening is used to detect a condition before it becomes serious, and when it is readily treatable.

(Source: Cancer Care Ontario *Let's take a stand against...Colorectal Cancer!* Reference Manual)

Diagnosis: Cancer is diagnosed (confirmed) through various methods and tests. Identifying the stage of disease is a critical aspect of cancer diagnosis. Accurate staging helps patients understand their prognosis and is essential in determining the best treatment options.

(Source: www.cancercare.on.ca)

Treatment: Once a diagnosis has been made, and cancer has been confirmed, the next part of the cancer journey is the treatment phase. There are three main ways to treat cancer: surgery, cancer drugs (chemotherapy), and radiation. While surgery entails the removal of tumors, the goal of chemotherapy and radiation is to stop or slow the growth of cancer cells.

(Source: www.cancercare.on.ca)

Survivorship: The health and life of a cancer survivor.

(Source: CancerCare Manitoba & Saint Elizabeth Cancer Pathways project survey)

Palliation: Palliative care is more than providing comfort at end-of-life care. It includes pain and symptom management, caregiver support, psychological, cultural, emotional and spiritual support, as well as bereavement support for loved ones.

(Source: www.cancercare.on.ca)

Appendix C: *Cancer Resources*

CancerView Canada
http://www.cancerview.ca/cv/portal/Home/FirstNationsInuitAndMetis

CancerView Canada is a site that connects Canadians to cancer services, information and resources. There is a *Community of Information* page with resources on cancer control for First Nations, Inuit and Métis peoples. On this page, there are videos where people share their personal cancer journeys as well as a knowledge circle with links to publications and research on cancer prevention, testing, treatment, and living with cancer. This section of CancerView is still in development, in cooperation with partner organizations such as the Canadian Partnership Against Cancer and Saint Elizabeth.

@YourSide Colleague www.atyourside.ca

One of the key initiatives of the Saint Elizabeth First Nations, Inuit and Métis Program is ***@YourSide Colleague,*** a secure web-based learning and knowledge-sharing program that provides more than 10 internet-based health courses (including Cancer Care) to First Nations communities. All of the courses were developed in collaboration with community-based health care providers from participating First Nations communities and are offered at no cost to the communities.

Alberta/NWT Division of Canadian Cancer Society http://www.cancer.ca/Alberta-NWT

In its provincial and territorial regions, the Canadian Cancer Society lists the Northwest Territories together with Alberta. The Canadian Cancer Society is a community organization that supports cancer research, provides information on all cancer types, organizes community programs, and leads initiatives in cancer prevention. (Canadian Cancer Society, 2011)

Northern Health Services Network
http://www.albertahealthservices.ca/services.asp?pid=service&rid=4081

The Northern Health Services Network (NHSN) helps patients and their families from the Northwest Territories, Nunavut, and the Yukon who are in Alberta for specialized medical care at all Alberta Health Services sites. The NHSN focuses on coordination of care, discharge planning, and follow-up services for approximately 6,000 northern patients annually. The NHSN may be able to assist patients and their families from the North to meet their language, cultural, and spiritual needs.

NWT Breast Health/Breast Cancer Action Group http://www.breasthealthnwt.ca

The Action Group is a territorial nongovernmental organization that provides breast cancer survivors and families with resources to improve their quality of life.